PTO/SB/21 (10-07)

Approved for use through 10/31/2007, OMB 0651-0031

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dence after initial filing)	Examiner Name	Christophe	er R. Stone			
is Submission 12	Attorney Docket Number	056291-51	5199			
ENG	CLOSURES (Check all	that apply	ν)			
alaration(s)	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Automy, Revocatic Change of Correspondence, Terminal Disclaimer Request for Refund CD, Number of CD(s)	n Address	After Allowance Communication to To Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):			
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April 15, 2008			25,323			
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO) or process) an application. Confidentiality is governed by \$5 U.S.C. 122 and \$5 CFR.1.11 and 1.4. This collection is stellarmed to 2 hours to experience including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or amount of time you require to complete this form and/or suggestions for reducing his burder, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Mascandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissionor for Patents, P.O. Box 1450, Mascandria, V.A. 22313-1450.

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known							
			Application Num	/523,83	323,838						
FEE TRANSMITTAL For FY 2008 Applicant claims small entity status. See 37 CFR 1.27			Filing Date	bruary 8	oruary 8, 2005						
			First Named Inve	Stephen Robert Wedge							
			Examiner Name Christe			pher R. Stone					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 4173								
TOTAL AMOUNT OF PAYMENT (\$) 370				Attorney Docket	et No. 056291-5199						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 50-0310 Deposit Account Name: Morgan Lewis & Bockius											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee											
Charge any additional fee(s) or underpayments of fee(s)											
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
information and authorization or	PTO-2038.										
FEE CALCULATION											
1. BASIC FILING, SEARC											
	FILING F	nall Entity	SEAF	RCH FEES Small Entity	EXAMIN	Small I					
Application Type	Fee (\$)		Fee (\$		Fee (\$)			Fees Paid (\$)			
Utility	310	155	510	255	210	105	5				
Design	210	105	100	50	130	65	5				
Plant	210	105	310	155	160	80)				
Reissue	310	155	510	255	620	310)				
Provisional	210	105	0	0	0	(
2. EXCESS CLAIM FEES	i					E.	e (\$)	mall Entity			
Fee Description Each claim over 20 (including Reissues)							50	Fee (\$) 25			
Each independent claim over 3 (including Reissues)						:	210	105			
Multiple dependent cla			_				370	185			
Total Claims E	xtra Claim	s Fee (\$)	<u>Fe</u>	e Paid (\$)			iltiple Depe ee (\$)	endent Claims Fee Paid (\$)			
HP = highest number of total of Indep. Claims			Eor	Paid (\$)			370	370			
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)											
HP = highest number of independent claims paid for, if greater than 3.											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) = Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =											
4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge):											
SUBMITTED BY	//	1/2									
Signature	tierts#	KAL		Registration No. (Attorney/Agent)	25,323		Telephone	(202) 739-5320			

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(Attomey/Agent)

Date April 15, 2008

Name (Print/Type) Donald J. Bire